

100% found the app easy to use. In fact, on open questioning, the clear user interface and the quality of the educational material were seen as the major advantages of TraumaTutor, and 85% agreed that the app would be a useful learning resource.

**Conclusions:** Smartphone applications are considered a valuable educational adjunct and are commonly used by our target audience. TraumaTutor shows overwhelming promise as a learning supplement due to its immediacy, accessibility and relevance to those preparing for courses and managing trauma.

#### 0155: THE EFFECTIVENESS OF AN EDUCATIONAL INTERVENTION IN IMPROVING ACCURACY OF DRAIN OUTPUT MEASUREMENTS

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**Aim:** To assess if an educational intervention could improve the measurement accuracy of low drain output volumes.

**Method:** Three redivac drains were filled with varying volumes of red-dyed water. A random sample of 20 nurses, were asked to record the volumes in each of the bottles as per their normal practice. An educational poster was created showing the results of the audit, and detailing how accuracy could be improved. Posters were placed in communal nursing areas. After 7 days, using the same bottles, a second random sample of nurses were asked to record the volumes as per their normal practice. All nurses in the second sample worked on wards where they would have been exposed to the poster.

**Results:** The mean difference between the recorded volumes and actual volumes improved in all three drains following the educational intervention, which was statistically significant at the lower two volumes.

**Conclusion:** A simple educational intervention improves the accuracy of drain output readings in a random sample of ward nurses at our institution. These results are clinically significant, because units often use a pre-determined cut off of 30 ml per 24 hours for removal of drains. Inaccurate drain measurements could therefore result in unnecessary prolonged length of stay.

#### 0184: APPROPRIATE USE OF GROUP AND SAVE TESTING PRIOR TO GENERAL SURGICAL PROCEDURES IN A DISTRICT GENERAL HOSPITAL

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**Aims:** This audit examined to what extent the Maximum Surgical Blood Order Schedule (MSBOS) was adhered to in a district general hospital.

**Methods:** All general surgical procedures performed in our hospital over a one month period were included.

**Results:** Of 148 operations 52 did not require G&S. Within this group 48% correctly had no G&S however 52% of patients had unnecessary G&S testing performed. None of these patients required a blood transfusion post-operatively. Of the 96 procedures which did warrant G&S testing according to the MSBOS 79% did have a G&S, 19% did not and 2% had a G&S which was rejected due to incorrect labelling. The latter two groups consisted entirely of unscheduled operations. 8 patients who had a G&S test required a post-operative blood transfusion.

**Conclusion:** These findings show that significant number of unnecessary G&S tests are carried out costing the hospital in the region of three hundred pounds per month for general surgical procedures alone. It also highlighted that some patients undergoing emergency procedures did not have preoperative G&S test performed. There is a need of increase awareness of the MSBOS amongst junior doctors could improve patient safety as well as efficiency and cost effectiveness of G&S testing in the hospital.

#### 0225: WHAT DO NURSES EXPECT FROM NEWLY QUALIFIED DOCTORS?

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**Introduction:** The 2009 GMC document 'Tomorrow's Doctors' identified the standards expected of Newly Qualified Doctors (NQDs). Nurses regularly observe Foundation Doctors in the clinical environment. We investigated if the observations and expectations of nurses reflect the GMC guidance.

**Methods:** Ethical and Strategic Health Authority approval was granted. Twenty-two nurses of varying experience were recruited. The 41 skills and domains recommended in Tomorrow's Doctors that the researchers considered would be most applicable to the nurses' observations were identified. Participants were asked which of the domains they expected and which they had observed a NQD to be able to perform. Qualitative data was collected regarding the conduct and attitudes of NQDs and analysed using thematic analysis.

**Results:** Nurses have a low expectation of NQDs skills and abilities. This is not only in regards to perceived competence but also the breadth of skills nurses have observed NQDs to possess.

**Conclusions:** Nursing staff decide who to contact in the medical team. Lack of knowledge of NQDs skills sets may result in NQDs being bypassed in favour of more experienced members of the team. Therefore efforts should be made to increase awareness amongst nursing staff and allied health professionals of the GMC's guidance of NQDs.

#### 0232: UK JUNIOR DOCTORS – STILL NOT GETTING ENOUGH SURGICAL EXPERIENCE REGARDLESS OF TIME, PLACE OR SPECIALTY

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**Introduction:** To investigate whether Foundation Year 1 (FY1) doctors are gaining enough surgical exposure at the end of their first year in order to be able to make an informed decision regarding a career in surgery.

**Method:** Cross-sectional survey via a ten part questionnaire sent to 1341 FY1s across five foundation schools.

**Results:** 389 FY1 responded. Over half (52.2%) of the FY1s were unable to attend theatre more than five times during their rotation. Length of surgical rotation, surgical speciality, type of hospital and prior interest in surgery had no significant effect on theatre attendance. More than half (50.9%) of the FY1s did not feel like they had had sufficient experience to make an informed decision about a career in surgery.

**Conclusion:** Poor theatre attendance is endemic amongst FY1s, which may lead to ill informed speciality career decisions. The Modernising Medical Careers programme and European Working Time Directive are likely contributing to this lack of exposure. Protected and logged theatre sessions for all FY1s could ensure sufficient exposure. New initiatives need to be employed to increase surgical exposure amongst FY1s to ensure speciality choices in their second foundation year are informed ones.

#### 0233: THE LAPAROSCOPIC SUTURE TRAINER FOR HOME – FROM REALITY TO VIRTUAL AND BACK AGAIN

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**Introduction:** Virtual laparoscopic trainers are effective in the teaching of laparoscopic surgery. Access is limited to them though owing to their high cost. Laparoscopic box trainers are cheaper but require laparoscopes, light sources, etc., which limit availability. We designed a laparoscopic suture trainer which is cheap, simple to construct and suitable for home.

**Method:** The trainer is made from 4" x 5/8" softwood, the base and upright being 11" and 8 3/4" long respectively at 55° to each other. Near the top of the upright is a 1" round hole representing a laparoscopic port. In the base are two 1/2" metal eyelet hooks for sutures to be passed. A trainer can be used to practice extra-corporeal suturing with a knot pusher, while two trainers can be used together for intracorporeal suturing with needle holders. The cost of each trainer is less than £1. The trainer has been tested by trainees and senior doctors with universally positive feed-back.

**Conclusion:** Laparoscopic suturing is a useful skill in operative laparoscopy. Its inherent technical difficulty means that considerable practice is required to achieve competence. It is our belief that this trainer could be a useful adjunct to traditional and expensive alternatives.